PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 393032028600		
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		393032	U200UU	
Application Number 09/976,818		Filed Octo	ober 12, 2001	
For AUDIO DATA RECORDING/REPRODUCII	NG APPARATUS ANI	D METHOD		
Art Unit 2176		Examiner (Gautam Sain	
This is a request under the provisions of 37 CFR 1 identified application.				
The requested extension and fee are as follows (c		•	opriate lee below).	
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
X Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Applicant claims small entity status. See 3	7 CFR 1.27.			
A check in the amount of the fee is enclose				
Payment by credit card. Form PTO-2038 is				
The Director has already been authorized t		application to a Deposit	t Account.	
The Director is hereby authorized to charge Deposit Account Number 03-1952	e any fees which may I have enclose	be required, or credit a d a duplicate copy of the m (PTO/SB/17) is attac	iny overpayment, to his sheet. Fee	
I am the applicant/inventor.				
assignee of record of the el Statement under 37 CF				
attorney or agent of record.	Registration Number	•		
x attorney or agent under 37		40.004		
Registration number if acting	g under 37 CFR 1.34	48,231	·	
Signature		January : Da		
Mehran Arjomand		(213) 89		
Typed or printed name		Telephone		
NOTE: Signatures of all the inventors or assignees of record of than one signature is required, see below.	the entire interest or their repre	esentative(s) are required. Sub	mit multiple forms if more	
Total of 1 forms are sub	omitted.	·		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV781674145US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 25, 2006

Signature:

(Marco Jimenez)

09/976,818

2176

October 12, 2001 Hironari KOBAYASHI Gautam Sain

393032028600

PTO/SB/17 (12-04v2)
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	Under the Paperwork Reduction Act of	1995, no person are required to	respond to a collection of in	
SIPE 408	Effective on 12/08/ Fees pursuant to the Consolidated Appropri		Application Number	
(بير 2006 م	FEE TRANS	MITTAL	Filing Date	
JAN 2 6 ZODE		First Named Invento Examiner Name		
TAMBERUTE TRACERUSE	Applicant claims small entity state	Art Unit		
311	TOTAL AMOUNT OF PAYMENT	(\$) 1,810.00	Attorney Docket No.	
	METHOD OF PAYMENT (check	all that apply)		
	Check Credit Card X Deposit Account Deposit Account I	Money Order Non Number: 03-1952 Deposit Acc	· • · · ·	
	For the above-identified depo	sit account, the Director is	s hereby authorized to:	
	x Charge fee(s) indicated	i below	Charge fee	

METIOD OF TATME	41 (Check an ti	iat appiy)						
Check Credit	Card M	loney Order	None	Other (please identif	ŷ):		
X Deposit Account De	posit Account Numb	er: 03-1952 D	eposit Account	Name:	Morr	ison & Foerst	er LLP	
For the above-ide	ntified deposit a	ccount, the Di	irector is he	reby authorize	ed to: (check	(all that apply)		
	s) indicated belo					cated below, ex	cept for th	e filing fee
	additional fee(s		ment of	<u> </u>	any overpay			
x Charge any fee(s) unde	37 CFR 1.16	and 1.17	incin oi	X Credit	any overpa	yments		
FEE CALCULATION				•				
1. BASIC FILING, SEARC								
		G FEES	SEAR	CH FEES	EXAMIN	ATION FEES Small Entity		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	Fees P	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (inclu							50 200	25 100
Each independent claim of Multiple dependent claim		g Reissues)					360	180
		no (\$)	Fee Paid	1 (¢)	Mu	Itipie Depende		100
Total Claims Extr	a Claims F 0 x	ee (\$)	0	(4)	Fee		Fee Paid (\$)
	^ _					147	0	•
Indep. Claims Extr	a Claims F	ee (\$)	Fee Paid	1 (\$)				-
7 -8=	0 ×		0					
3. APPLICATION SIZE F If the specification and of listings under 37 CFI sheets or fraction the	Irawings exceeds 1.52(e)), the a	application siz	e fee due is	\$250 (\$125 t	onically file for small en	ed sequence or tity) for each a	computer dditional 50)
Total Sheets	Extra Sheets			ional 50 or frac			Fee F	Paid (\$)
- 100 = _		/50	(ro	und up to a who	ole number) x		=	
4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specifica	tion, \$130 fee	e (no small en	tity discoun	t) Inse within th	nird month		1.0	20.00
Other (e.g., late filing	surcharge): 12	33 Exterision 101 Request	for continu	ied examina	tion (RCE)	(see 37		0.00

CUDWITTED BY					
SUBMITTED BY Signature	MUT	Registration No. (Attorney/Agent)	48,231	Telephone	(213) 892-5630
Name (Print/Type)	Mehran Arjomand			Date	January 25, 2006

Express Mail - EV781674145US